



06-13-03

PATENT
17410-00007

3623
4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cepeda

Serial No.: 09/731,161

Filed: December 6, 2000

For: SYSTEM AND METHOD FOR
ALLOCATING OPERATING
EXPENSES

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: Art Unit: 3623
:
: Examiner: Michael C. Heck
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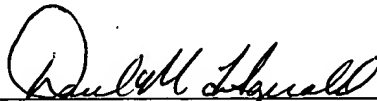
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- Transmittal (3 pgs., in duplicate)
- Amendment in Response to Office Action dated February 25, 2003 (26 pgs.)
- Submission of Marked Up Paragraphs and Claims (8 pgs.)
- Request for Approval of Drawing Changes (9 pgs.)
- Twelve (12) Sheets of Formal Drawings
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REQUEST FOR APPROVAL OF DRAWING CHANGES

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith is a copy of Figure 3, Figure 5, Figure 6, Figure 7, Figure 8, Figure 9, Figure 10, and Figure 11 for examination in the above-referenced patent application. More specifically, with respect to the calculation of "Average Unit Cost" for "# of DAM Held" shown in Figure 5, Figure 5 has been amended to correct a typographical/calculation error. In this case, the "Average Unit Cost" equals "Weighted Cost/Process" (\$1,902,547) divided by "Total" (80). Figure 6 has also been amended to address certain issues relating to number rounding. Additionally, Figures 3, 7, 8, 9, 10 and 11 have been amended to correct certain typographical errors. The specification has also been amended to reflect the changes made to the Figures. No new matter has been added.

Applicant respectfully requests the approval of the indicated drawing changes. In anticipation of approval of the drawing changes, Applicant has also submitted herewith for approval formal drawings incorporating the above-noted changes.

Respectfully submitted,

Daniel M. Fitzgerald, Reg. No. 38,880
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PATENT
17410-00007

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Applicant: Cepeda :
Serial No.: 09/731,161 : Art Unit: 3623
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TRANSMITTAL

- Transmitted herewith is:
Response to Office Action dated February 25, 2003; Submission of Marked Up
Paragraphs and Claims; Request for Approval of Drawing Changes; Formal
Drawings; Express Mail Certificate

STATUS

- Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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Date: 6-12-03

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Trademark Office

Daniel M. Fitzgerald
Reg. No. 38,880

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee: \$ 110.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00.

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT


5. _____ Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$110.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:



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